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HEWLETT-PACKARD COMPANY Intellectual Property Administration P.O. Box 272400 Fort Collins, Colorado 80527-2400

PATENT APPLICATION

10008303-1 ATTORNEY DOCKET NO.

inventor(s):

Seaman et al.

Application No.: 10/002,356

Filing Date:

Tra

10/30/2001

Confirmation No.:

Examiner: Huynh, Ba

Group Art Unit: 2179

Title: SYSTEM AND METHOD FOR CREATING A MULTIMEDIA PRESENTATION

Mail Stop Amendment Commissioner For Patents **PO Box 1450** Alexandria, VA 22313-1460

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

X Respons X New fee No additi	with is/are the following e/Amendment as calculated below ional fee) in the abov	re-identifi	ed applicatio	n:				lemental	Dec	time to respo laration
Other _	CI AINS AS	AMENDE	D 514 0:	71177 7114		_			Fee	\$	
(1)	CLAIMS AS		DBYO	(4)	NAS	NI/		TITY			(-)
FOR	CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	HJGH PREVIO		(5) PRESENT EXTRA		(6) RATE		ADI	(7) DITIONAL FEES	
TOTAL CLAIMS	52	MINUS			=	4	х	\$50	\$	200	
INDEP. CLAIMS	5	MINUS	5			=	0	х	\$200	\$	0
	FIRST PRESENTATION	ON OF A ME	JETIPLE	DEPENDEN	T CLAI	M		+	\$360	\$	0
EXTENSION FEE	1st Month \$120	2nd \$450	Month)	lonth 20			4th Month \$1590		\$	0	
							•	OTHE	R FEES	\$	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT								DMENT	\$	200	

Charge \$ 200 to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

I hereby certify that this paper is being transmitted to the Patent and Trademark Office

facsimite number (571) 273-8300. Date of facsimite: 05/03/2006

Typed Name:

Signature:

Todd A Rathe

Seaman et al.

Todd A. Rathe

Respectfully submitted,

Attorney/Agent for Applicant(s)

Reg No. : 38,276

Date: 05/03/2006

Telephone: (262) 478-9353

· Ray 10/06 (TransAmdFex)

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TRANSMITTAL LETTER FOR RESPONDED ASSESSMENT

New fee as calculated below No additional fee Other							Petition to extend time to re Supplemental Declaration Fee\$						
	CLAIMS AS	AMENDE	D BY C	THER	THAN A	SM	ALL E	MTITY			-		
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4)		MBER	PRE	(5) PRESENT EXTRA		(6) RATE		ADDITIONAL		
TOTAL	52	MINUS		48			4	X	\$50	\$	FEES 200		
INDEP. CLAIMS	5	MINUS				=	0	X	\$200	\$	0		
	FIRST PRESENTATIO	N OF A ML	ILTIPLE	DEPEN	DENT C	_AIM		+	\$360	\$	0		
EXTENSION FEE	1st Month \$120	2nd in \$450	Aonth)		3rdMonth \$1020			4th Month \$1590		\$	0		
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		Т	OTAL A	DITIO	VAL FEE	FOR	THIS A	MEN	DMENT	S	200		

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